

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/284690	FILING DATE				
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1							51					
2	1	X					52					
3		1					53					
4		1					54					
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43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	2						TOTAL IND.					
TOTAL DEP.	2	↓	↓	↓	↓		TOTAL DEP.	↓	↓	↓		
TOTAL CLAIMS	4	████████	████████	████████	████████		TOTAL CLAIMS	████████	████████	████████		